

Spencer County Health Department

200 Main Street, Rm 2
Rockport, IN 47635
Telephone: 812-649-4441
Fax: 812-649-6047

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE 201_

Name: _____

Address of Owner:

Street: _____

City/State/Zip: _____

Phone Number of Owner: (____) _____

List event and event date that you plan to attend in Spencer County

Menu:

Organizer of the event: _____

Phone number of event organizer: _____

Address of event:

Street: _____

City: _____

Date of Application: _____ Signature of Applicant: _____

Fee: \$50.00

After July 1st Fee: \$25.00

NOTE: If the license is to be *returned by mail*, PLEASE ENCLOSE A STAMPED, SELF
ADDRESSED ENVELOPE along with your check made payable to the SPENCER COUNTY
HEALTH DEPARTMENT.